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ABSTRACT

A 15-county special education region was surveyed regarding the number of handicapped students (3-18 years old) who were receiving special education services. Census data were compared to the most current incidence figures by disability and across disabilities. Using this comparison as an index of successful identification of and service to handicapped children in the region, it was found that across disabilities the success rate was 100%. However, there was great variance among disabilities. The study suggested the possibility that within certain disability categories children with mild impairments are going undetected. (Author/CL)

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THE USABILITY OF INCIDENCE FIGURES AS INDICES OF SUCCESSFUL IDENTIFICATION OF HANDICAPPED CHILDREN

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ABSTRACT

One, 15 county, special education region in a large midwestern state was surveyed with respect to the number of handicapped students between the ages of 3-18 years who were receiving special education services. The census data collected in the survey were compared to the most current incidence figures by disability and across disabilities. Using this comparison as an index of successful identification of and sevice to handicapped children and adolescents in this region, it was found that across disabilities the success rate was 100 percent. However, there was great variance among disabilities.

The study concludes that while many children with mild disabilities (e.g., hard of hearing) may be classified as speech and language disabled, there is also the possibility that within certain disability categories, children with mild impairments are going undetected.

INTRODUCTION

Based on national incidence figures, eight million children and youth (12 percent of the school-age population) in the United States have educational handicaps of a mental, physical or sensory nature (Goodman, 1976). According to the Bureau of Education for the Handicapped, 45 percent of this population are not receiving educational services (U.S. Office of Education, 1974). This unserved population does not reflect an "identified" one but rather represents a difference derived by subtracting the actual number of identified handicapped school-age students (i.e., ages 3-18 years) in the United States from the number of handicapped students predictable based on incidence figures. Table 1 shows the incidence figure for each educational disability considered handicapping (Goodman, 1976), and the actual number of educationally disabled students identified.

[Insert TABLE 1]

The incidence figure of 3.0 for students designated as learning-disabled, for example, means that within a given school age population of 100 children and youth, one would expect 3 of them to be learning-disabled.

The purpose of this study was to apply the reported incidence figures to an identified school-age handicapped population within the State of Illinois and thus determine the status of the particular survey region with respect to identified and educationally-served handicapped students.

TABLE 1: SUMMARY OF RESULTS

Disability Categories	Incidence	Predicted Number [a]	Actual Number	Real Number Difference	Percentage Accounted for [b]	Served by Allied Agencies [c]
Retardation	2.3	2997	2120	877	71	
Crippled and Health	.5	651	203	448	31	
Multiply-Handicapped	.06	78	36	42	46	
Learning-Disabled	3.0	3909	2442	1467	62	
Visually-Impaired	.1	130	45	85	35	
Deaf	.075	98	47	51	48	
Hard-of-Hearing	.5	651	66	585	10	
Speech and Language	3.5	4560	6038	1478	132	
Emotionally Disturbed	2.0	2606	756	1850	29	
TOTAL	12.0	15680	11753	3927	75	25*

[a] Based on a school population of 130,289 students

[b] Predicted number divided into the actual number

[c] Children and youth served by the Departments of Children and Family Services, Mental Health/Developmental Disabilities, Vocational Rehabilitation and Corrections

* Computed by the Illinois Office of Education

PROCEDURE

Within the State of Illinois, a school census is conducted two times during each school year. Handicapped students who are in either public or private schools are included in the census and are identified by their primary disability. However, handicapped children and youth who attend residential schools such as those for the deaf, blind, orthopedically disabled or mentally retarded students are not reported in this school census. The Illinois Office of Education states that such students represent 25 percent of the school-age handicapped population. Therefore, using Illinois' conventional school census procedure one would not expect to identify all the handicapped students who reside within the state. This 25 percent statistic will be discussed later in the study with respect to the "unaccounted for" handicapped students.

In order to determine the approximate number of school-age handicapped students (i.e., 3-18 years) within the survey region, incidence figures for each disability were multiplied by the actual number of students within the same region (i.e., 130,289 students). The actual handicapped population reported during the census was then compared to the predicted population by diability and across disabilities. The difference represented an "unaccounted for" population.

RESULTS AND DISCUSSION

Table 1 shows that across disabilities 75 percent of the handicapped students in the survey region are accounted for. This means that of the total school-age handicapped population predictable from incidence figures, 75 percent were identified during the school census. However, as mentioned earlier, one can expect 25 percent of the school-age handicapped population

in Illinois to be in residential schools operated by other state agencies and thus not appear in conventional census figures. A generalization of that 25 percent figure to the survey region would mean that all the predicted school-age handicapped students within the survey region have been accounted for. However, it is unlikely that the 25 percent figure stated by the Illinois Office of Education generalizes to each disability. For example, one would not expect to find 25 percent of the hard-of-hearing student population to be in a residential school. In fact, it is when one looks at each disability rather than the sum of disabilities, that the inadequacy of such an analysis is evident.

Table 1 shows that an analysis by disability reveals great variance. For example, only 10 percent of the predicted hard-of-hearing population has been accounted for through the school census while 132 percent of those students designated as speech and language disabled have been. As can be seen, only one disability group (i.e., students who are mentally retarded), other than the speech and language disabled group has more than 70 percent of the predicted student population accounted for. Because residential schools for mentally retarded children are operated by the Department of Mental Health in Illinois, it may be reasonable to expect the generalization of the 25 percent figure earlier discussed to be appropriate with respect to this disability group. Therefore, 96 percent of the mentally retarded students within the survey region are accounted for.

The "accounted for" students of the other disability groups, namely, crippled and health-impaired students 31 percent, multiple-impaired 46 percent, learning-disabled 62 percent, visually-impaired 35 percent, deaf 48 percent, and emotionally-disturbed 29 percent, are, however, substantially under-identified. In fact, the high-incidence of speech and language-disabled

students in the survey region has served to inflate the overall accounted for handicapped student population.

It is possible, and likely, that embedded within the speech and language disabled category are students who have hearing-impairments which are less than profound, students with learning disabilities, and students with other handicaps.

Another explanation, however, is that a substantial number of handicapped students within the survey region are as yet "unaccounted for." These students may be those whose disabilities are mild from a measurable standpoint. For example, students with mild to moderate hearing losses may not be underachieving in school sufficiently to alert a teacher to a potential problem. Quigley (1968), however, found that even students with small hearing losses (i.e., 15-70dB) were not achieving in school at a normal rate.

It would seem that one index of identification success, with respect to handicapped students, could be a comparison of predicted populations to actual populations. However, other factors unique to given states or regions such as the census process in Illinois and the criteria for determining the primary handicap must also be taken into account. Additionally, to view handicapped students as a homogeneous, undifferentiated population will lead to misleading inferences with respect to the "accounted for" population as there is substantial variance among disabilities.

SUMMARY

This study found that within an educational region in Illinois, there was substantial variance among disabling categories in a school-age population with respect to the actual percentage of students receiving educational services. While the under-identification of handicapped students by

disability may be a function of the designation or labeling criteria used, it was suggested that students with less severe disabilities may be unaccounted for.

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